DO NOT DETACH

	PLEASE TYPE OR PRINT	Entered previou	s May Show
	Ms. Mr. Artist BOANTE /	Z yés	□ no
	Permanent Address 3/40 FALMIO	(L	ast Name Last)
	Street Tel. ()	59-0988	City
	Zip Area Code		
1	Temporary or Studio Address 4/85 MUR	RAY HILL	GE VELAN
Street City (City OH10
	44/00 Tel.()	7-31-318:	
	Zip Area Code		
	If you do not presently live in one of the counties of the Western Reserve, which county were you born in?		
	Collaborator		
	(If Any)		
	If May Show entries are not accepted or not sold: Artist will pick up at Museum. Museum should dispose of. Museum should ship to artist C.O.D. at this address:		

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

Donne Doh

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Bonnie della

REJECTED

DATE



REJECTED